

## KNOWLEDGE OF HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STIs) are a growing problem in Eastern and Central Europe. Social problems such as high unemployment, increasing drug use, inadequate in-school education on sexual matters, increasing mobility especially from rural to urban areas, and trafficking in women make southeastern Europe vulnerable to HIV and other STIs.

Syphilis has been of special concern in Eastern Europe, with some countries experiencing increases in incidence by a magnitude of 45 to 165 times between 1990 and 1998 (Riedner, et al., 2000). Syphilis was officially considered eradicated in Albania, but reappeared in 1995. By the end of 2002, 130 cases were discovered; 42% had primary syphilis. Women accounted for 43% of reported cases. Surveillance of STIs is not well established in Albania. A study performed by the STI lab in the Institute of Public Health of 1,664 women documented that 40% of them had vaginal discharge and the examination of 527 women detected *Chlamydia trachomatis* in 21% of them (unpublished data)

Eastern Europe is one of the last regions of the world to be challenged by an HIV/AIDS epidemic. Up until mid-1995, Eastern Europe and the former Soviet Union did not seem threatened by a substantial HIV epidemic. Of the 450 million residents in the region, HIV infections were estimated at less than 30,000 cases. However, between 1995 and

1997, the estimated number of cases of HIV increased more than fivefold in this region. UNAIDS and WHO estimated that two thirds of these infections had occurred in the last 12 months of this time period (Dehne, et al., 1999). Eastern Europe and Central Asia are now estimated to have one million people infected with HIV, with intravenous drug use being the main transmission route (Joint United Nation Programme for HIV/AIDS [UNAIDS], 2001).

Albania's isolation under Communism insulated the country from the pandemic of HIV/AIDS. Now it is facing increasing numbers of reported cases of HIV. While absolute numbers are still small, as they are throughout much of Central Europe, the rate of new diagnoses increased from 2.2 per million in 1996 to 6.4 per million in 2001 (Hamers and Downs, 2003).

The first case of a person infected with HIV in Albania was detected May 1993. As of November 2003, 117 cases of HIV/AIDS have been reported in the country; 42 have manifested AIDS and 37 have died. Although Albania has been considered a low prevalence country, in the last three years, 75 new cases of HIV/AIDS have been diagnosed which represent two-thirds of all the cases diagnosed and reported as of November 2003. A feminization of the epidemic has been observed in the last two years and the number of cases in women were equal to those among men in 2003. The sexual

mode of transmission is the main route with approximately 90% of the cases in this classification. Almost 70% of all cases have been seen in immigrants and mobile populations.

It is important that Albanians have factually correct knowledge about HIV/AIDS in order to protect themselves against infection and public health authorities know the extent to which men and women of reproductive age have knowledge of HIV transmission and prevention. Thus, a module of the questionnaire was devoted to this topic.

## Knowledge of STIs

Respondents were asked if they had heard of several selected STIs and HIV. Generally, awareness of infections was low among women (Table 20a). Almost all women had heard of HIV/AIDS (96%), but percentages were much lower for yeast infection (55%), and lower still for all others mentioned; chlamydia, genital warts, trichomoniasis, genital herpes, and gonorrhea (4%–7%). In general, with the exception of HIV/AIDS, knowledge was higher among women with urban residence and increased with education and lifetime number of partners. Yeast infection stood out from the other specified infections in that knowledge increased with age, and was greater among currently and previously married women.

Almost all men had heard of HIV/AIDS (97%) (Table 20b). As with the women, Albanian men had much lower awareness of other sexually transmitted infections, with

less than one in four having heard of syphilis, and minimal awareness of trichomoniasis, genital herpes, chlamydia, and genital warts (3%–4%). Again, as with the women, knowledge of STIs other than HIV was greater among urban residents, well-educated men, and men with more than one sexual partner during their lifetime. The 6% of men who refused to divulge their lifetime number of sexual partners have a pattern similar to the men with two or more partners.

## Knowledge of HIV/AIDS

As shown in Tables 20a and 20b, respondents were asked if they have ever heard of HIV/AIDS. Almost all (96%) of Albanian women have heard of HIV/AIDS. This awareness varied very little by characteristics of respondents; the lowest was 90% among women with four or more living children. Urban women (98%), respondents with more than primary education (99%–100%), and those between ages 20 and 29 (97%) had the highest levels of awareness of HIV/AIDS. However, awareness of HIV/AIDS does not necessarily mean that the respondents had detailed information about the disease.

All individuals who had heard of HIV/AIDS were asked whether they believed a person could be infected with the HIV virus and be asymptomatic. The proportion of those with such knowledge was calculated for all women, not just those who had heard of HIV/AIDS. Those who never heard of HIV/AIDS were categorized as not knowing that HIV could be asymptomatic. Only 56% of all women

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knew that the disease can be present with no symptoms. This fact is particularly important because the women who do not know the virus can be present without symptoms could put themselves at risk if they have sexual intercourse with an apparently healthy HIV-infected individual.

The respondents' knowledge of asymptomatic HIV varied by sociodemographic characteristics. Women living in rural areas (49%), or without any secondary education (45%) had less knowledge of asymptomatic HIV than women of urban residence (63%), or university education (85%). Knowledge that HIV infection can be asymptomatic was lower among women with more than two living children. In no category did less than 43% and, with the exception of university educated women, no more than 65% of women know that HIV can be asymptomatic.

Since HIV/AIDS awareness was almost universal, urban setting and higher education had little effect on awareness that HIV/AIDS exists, however these two demographic characteristics were greatly associated with knowledge that HIV infection can be asymptomatic. Health education programs may be most beneficial to those women in rural settings, and with less education. Information should stress the risk potential in having sexual relations with asymptomatic HIV-positive individuals.

Only one sixth (17%) of all female respondents said that they know where HIV tests are provided. The proportion of

women who know where to get an HIV test is significantly lower among rural women, women with less education, and women with four or more living children.

While nearly all men had heard of HIV less than half (45%) knew a person could be infected yet exhibit no symptoms (Table 21b). Knowledge that HIV infection can be asymptomatic was greater among urban men, men 20–34 years of age, never married men, and men with two or more lifetime sexual partners. Knowledge increased with education and was inversely related to number of living children. Knowledge was greatest among men with post secondary education (83%) and lowest among men with more than three children (18%).

Only one third of Albanian men (33%) said they knew where to get an HIV test (Table 21b). Knowledge of a test location was higher for men with urban residence, age 25–34, one living child, two or more sexual partners in their lifetime, and increased with level of education.

Albanians are disproportionately aware of HIV/AIDS in comparison to its incidence in the country and are a great deal more aware than women of some other former Communist countries in Eastern Europe (CDC and MACRO, 2003). The close proximity and access to Greek and Italian media may be one source of this information.

